

STANDARD CERTIFICATE OF DEATH

Registration District No. 323

Primary Registration District No. 323 548

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Wetmore, Mo. R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None Murray Township.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community Most of entire life except
years, months or days spent in U.S. Army.

3. (a) PRINT FULL NAME Harlow D. Brooks

3. (b) If veteran, name war A.S.T. World War

3. (c) Social Security No. -

4. Sex Male race W

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1891 years

7. Birth date of deceased June-29-
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	3	29	hr. min.

9. Birthplace Gene, Greene Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer & soldiering

11. Industry or business farming & Army

12. Name Daved Brooks

13. Birthplace Gene
(City, town, or county) (State or foreign country)

14. Maiden name Maitha
(City, town, or county) (State or foreign country)

15. Birthplace Gene
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Schaudler

(b) Address Willard Mo R1

17. (a) Burial (b) Date thereof Oct-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Gene O Brim

(b) Address Walnut Grove Mo.

19. (a) Oct-30-1940 (b) Mrs. Ralph Hughes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Walnut Grove Mo R
(If outside city or town limits, write "RURAL")

(d) Street No. rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ years.

20. DATE OF DEATH: Month Oct day 28
year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 23- 1940 to Oct-28- 1940;
that I last saw him alive on Oct-28- 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Sarcoma of Leg

Due to

Other conditions 1/2
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none held

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Charles H. Huff (M. D.)
Address Fish Grove Mo. Date signed 10-28-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 40-11-86

Date Filed 11/4/40

FEB 5 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed J. W. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 23
1741
X27892

Registration District No. 323

Primary Registration District No. 2448

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Murray T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harlin David Brooks
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Oct day 28
year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 49 Months 3 Days 29 If less than one day _____ hr _____ min.

Duration _____
Due to _____
Due to _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Chas H. McAfee (M. D. or other) _____

Address Ash Grove _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

